

ACUSHNET COMPANY
RUBBER DIVISION

Manufacturers of Elastomeric Products

MA 600 3913

OCT 07 1991

October 3, 1991

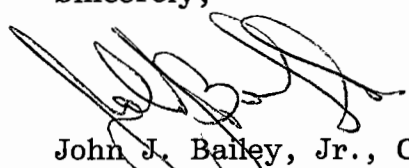
Environmental Protection Agency
Permits Processing Section
P.O. Box 8127
Boston, MA 02114

Gentlemen:

Enclosed please find copies of roof drain outfalls # 002 and # 003 for the 3rd quarter of 1991.

Should you have any questions regarding these reports, please do not hesitate to contact me. Thank you for your assistance.

Sincerely,



John J. Bailey, Jr., C.S.P.
Director of Environmental Affairs

/rg

JB91/113

Enc.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

Facility or discharge location

Name ACUSHNET CO.- RUBBER DIVISION
Street 744 Belleville Ave.
City New Bedford, MA 02742
State/Zip code

Telephone number (including area code) 508-998-4058

see INSTRUCTIONS on back

Remarks Titleist Golf Division Laboratory
*Samples were compared to a rain water control collected during the same rain fall period. The control indicated a PH of 5.6 standard units which explains the PH being out of the normal range

(12-31) ST	(14-16) MA 0003913	(17-19) 003
	PERMIT NUMBER	DIS

REPORTING PERIOD: FROM			TO		
(20-21) 9	(22-23) 1	(24-25) 0	(26-27) 9	(28-29) 1	(30-31) 30
YEAR	MO	DAY	YEAR	MO	DAY

PARAMETER		QUANTITY				UNITS	CONCENTRATION				UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(3 card only)			NO. EX		(4 card only)			NO. EX			
		(38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM			(58-65) MINIMUM	(66-73) AVERAGE	(74-81) MAXIMUM				
Oil and Grease	REPORTED		.002			MG/L						Quarterly	Grab
	PERMIT CONDITION	10		15									
COD	REPORTED							60.0			MG/L	Quarterly	Grab
	PERMIT CONDITION							MONITOR					
PH	REPORTED							6.0*			Std. Units	Quarterly	Grab
	PERMIT CONDITION						6.5		8.0				
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE		
Dubiel, Robert			President			9 1 1 0 03		
LAST	FIRST	MI	TITLE			YEAR	MO	DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Facility or discharge location

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

Name ACUSHNET CO.- RUBBER DIVISION
Street 744 Belleville Ave.
City New Bedford, MA 02742
State/Zip code

see INSTRUCTIONS on back

OCT 07 1991

Remarks Titleist Golf Division Laboratory
*Samples were compared to a rain water control collected during the same rain fall period. The control indicated a PH of 5.6 standard units which explains the PH being out of the normal range

Telephone number (including area code) 508-998-4058

(2-3)	(4-16)
ST	MA 0003913
	PERMIT NUMBER

(17-19)
002
DIS

(20-21)	(22-23)	(24-25)
9	1	0
YEAR	MO	DAY

(26-27)	(28-29)	(30-31)
9	1	0
YEAR	MO	DAY

REPORTING PERIOD: FROM

TO

(32-37)		(3 card only)				(4 card only)					(64-66)		(69-70)	
PARAMETER		QUANTITY				CONCENTRATION					FREQUENCY OF ANALYSIS		SAMPLE TYPE	
		(38-45)	(46-53)	(54-61)	(62-63)	(38-45)	(46-53)	(54-61)	(62-63)					
		MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX			
Oil and Grease	REPORTED		.002		MG/L							Quarterly	Grab	
	PERMIT CONDITION	10		15										
COD	REPORTED						60.0			MG/L		Quarterly	Grab	
	PERMIT CONDITION						MONITOR							
PH	REPORTED						6.0*			Std. Units		Quarterly	Grab	
	PERMIT CONDITION						6.5		8.0					
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF THE OFFICER			DATE			I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
Dubiel, Robert			President			9 1 1 0 03								
LAST	FIRST	MI	TITLE			YEAR	MO	DAY						

INSTRUCTIONS FOR COMPLETING
DISCHARGE MONITORING REPORT

Read these instructions before completing form:

After reading and understanding instructions and forms, please return acknowledgement card.

Sampling and testing procedures should follow those published in 40 C.F.R. 136. These are basically Standard Methods or EPA procedures.

Forms should be completed in triplicate for each discharge with copy each for EPA, state and your records. If the state requires a more frequent submittal than EPA, collate EPA's copies and send as required.

Enter permittee name and facility address, PERMIT NUMBER, discharge number and reporting period. (A separate page is required for each discharge.)

For each parameter monitored during the reporting period, (either as a requirement of the permit or for own information) summarize the data as required in the permit and complete the form as follows:

1. Parameter column - list parameter name.
2. Enter minimum, average and maximum values for quantity and/or concentration under appropriate column headings.
 - a. If frequency is once per month or less, enter the one value under average and leave minimum and maximum blank.
 - b. lb/day (pounds per day) equals flow (in million gallons per day) times concentration (in mg/l) times 8.34.
Example: 2.5 MGD x 30 mg/l BOD x 8.34 = 625.5 lb BOD/day
 - c. MGD equals gallons per minute times 1440.
3. Enter units as appropriate.

MGD - million gallons per day
lb/day - pounds per day
mg/l - milligrams per liter
SU - standard units for pH
°F - degrees fahrenheit
kg/day - kilograms/day = $\frac{\text{lb/day}}{2.2}$
(other units may be used as necessary)
4. Specify the number of samples that exceeded the maximum (and/or minimum, as appropriate) in the columns "NO. EX." If none, enter "0". If there are any violations, send a letter of explanation.
5. Specify frequency of analysis as number of analyses/number days (3/7 is three analyses per every 7 days, 1/7 is weekly, 1/30 is once a month, 30/30 is daily, 1/90 is quarterly & 1/180 is semiannually) If continuous, enter "CONT"
6. Specify sample type ("grab" or "hr. composite")
If frequency was continuous enter "NA:"

Indicate person or laboratory performing analytical work under Remarks.

Print name and title of person responsible for monitoring and reporting and sign and date the form.

Mail state copy to appropriate state agency and EPA copy to

Environmental Protection Agency
Permits Branch
Box 8127
Boston, MA 02114

When supply of forms will be exhausted within 2 months, send reorder form or reproduce forms yourself.